

PLEASE TYPE OR PRINT

☐ Ms.

☒ Mr. Artist

MIHALIK ROBERT

(Last Name Last)

Permanent

Address

583 TIMBERLINE DR. AKRON

Street

City

44313

Zip

Tel. (216)

666-8187

Area Code

Temporary

Address

Street

City

Tel. ( )

Zip

Area Code

Permanent address is in what county?

SUMMIT

Born in Cuyahoga County

☐ Yes

☐ No

Collaborator

(If Any)

If entries are not accepted or not sold:

☒ Artist will pick up entries at Museum.

☐ Museum should dispose of entries.

☐ Museum should ship entries to artist C.O.D. at this address:

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

*THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.*

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature

R. P. Mihalik

L.

CATEGORY ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
ENTRY ONE ☒ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Medium or Materials

POLYESTER RESIN & PLEXIGLAS

Title

UNTITLED

Price or NFS

\$1000

Insurance Value  
If NFS Only

Size

29" X 10 1/2" X 16 1/2"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional  
No. For Sale

Total No.  
in Edition

Price  
Unframed

Price  
of Frames

Additional  
No. of Frames  
For Sale

DO NOT WRITE IN THIS SECTION

78 (4)

ACCEPTED

REJECTED

FEE PAID

BY

3/22

LW

CATEGORY ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
ENTRY TWO ☒ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Medium or Materials

FLEXIBLE POLYURETHANE & PLEXIGLAS

Title

BLOSSOMING VAGINALS SERIES #27

Price or NFS

\$350

Insurance Value  
If NFS Only

Size

12" X 12" X 6"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional  
No. For Sale

Total No.  
in Edition

Price  
Unframed

Price  
of Frames

Additional  
No. of Frames  
For Sale

DO NOT WRITE IN THIS SECTION

79 (4)

ACCEPTED

REJECTED

RECEIVED

BY

3-22

LW

DO NOT DETACH

1973 MAY SHOW

The Cleveland Museum of Art

Cleveland, Ohio 44106

*Please keep address within this box for window envelope.*

Name	ROBERT G. MIHALIK	
Address	583 TIMBERLINE DR.	
City & State	AKRON, OHIO	Zip 44313

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

CATEGORY ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
ENTRY ONE ☒ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Medium or Materials

POLYESTER RESIN & PLEXIGLAS

Title

UNTITLED

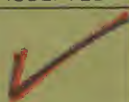
DO NOT WRITE IN THIS SECTION

78

(4)

ACCEPTED

REJECTED



1973 MAY SHOW

Notification of Acceptance or Rejection

ROBERT MIHALIK

Type or print name of artist

This is your only receipt to claim your object(s).

This notification will be mailed to you following judging.

R. Mihalik

CATEGORY ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
ENTRY TWO ☒ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Medium or Materials

FLEXIBLE POLYURETHANE & PLEXIGLAS

Title

BLOSSOMING VAGINAS SERIES #27

DO NOT WRITE IN THIS SECTION

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(4)

ACCEPTED

REJECTED



DO NOT DETACH